

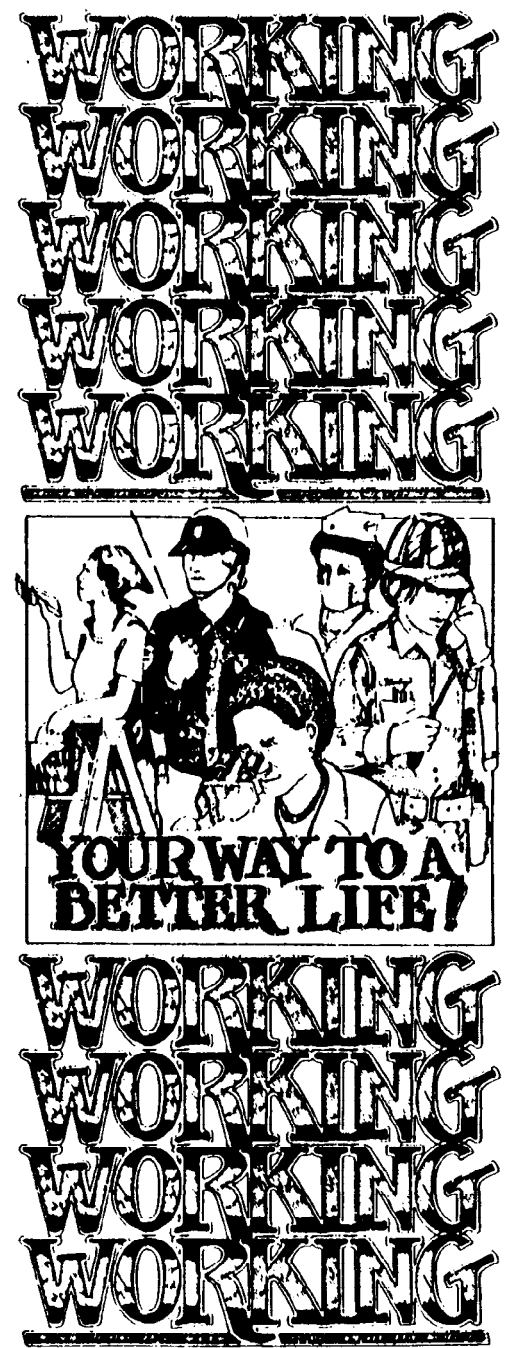
FSET FORMS

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POCKET RÉSUMÉ

A Pocket Résumé is a summary of your work and education history. When you apply for a job, employers will ask you to list this information on an application form or to discuss it with them during an interview. By filling in the Pocket Résumé, you'll be prepared to give an accurate and complete description of your qualifications - and thereby get one step ahead of other job seekers.

NAME _____		TELEPHONE NO. _____	
ADDRESS _____		CITY/STATE _____	
BIRTHDATE _____		SOCIAL SECURITY NO. _____	
EDUCATION			
NAME/ADDRESS OF SCHOOL	YEAR COMPLETED	COURSE/DEGREE	
GRADE SCHOOL			
HIGH SCHOOL			
VOCATIONAL			
COLLEGE			
OTHER			
WORK EXPERIENCE (PAID OR VOLUNTEER)			
EMPLOYER'S NAME & ADDRESS	SUPERVISOR	DUTIES	FROM TO WAGE/SALARY
REFERENCES			
NAME	ADDRESS	POSITION	TELEPHONE NO.
OTHER INFORMATION			
HOBBIES	INTERESTS	SPECIAL SKILLS	



Tips For Job-Seeking Success

BELIEVE IN YOURSELF

Remember, you have much to offer an employer.

THERE ARE MANY JOBS AVAILABLE

Even when unemployment is high. Jobs open up all the time as people move, get transferred, stop work, or retire.

DON'T LIMIT YOURSELF TO ONE TYPE OF JOB.

Remember that you can do many things. If there are no jobs available in the Kind of work that you have done before, don't be afraid to look for a job in a Different field.

GO AFTER THE "HIDDEN JOB MARKET"

by getting job leads from the yellow pages of the phone book, from your friends and relatives, and by going directly to places for employment. Study the want ads, too, but don't limit yourself to them since most job openings are never anticipated.

GET YOUR FAMILY TO HELP

so that your times is as free as possible to look for a job. Tell your friends and relatives you are looking for a job. Over half of all jobs are found due to the help of friends and relatives.

TREAT JOB-SEEKING AS A FULL TIME JOB.

About half of each day should be spent getting job leads and interviews. Plan to spend the rest of each day on actual interviews and in filling out job applications.

KEEP YOURSELF ORGANIZED.

Have a folder to keep your papers in. Keep records of where you've been and who you talked to.

FILL OUT THE POCKET RÉSUMÉ

on the back of this pamphlet and use it when you are asked to fill out a job application. If you need any help, see your Employment Services Worker.

GET LETTERS OF RECOMMENDATION

from former employers and friends who know you well. Have copies made so that you can leave them with interviewers and attach them to job applications.

ALWAYS GET THE NAME OF THE PERSON WHO CAN ACTUALLY HIRE YOU

and talk to that person. Usually someone's secretary or a personnel department employee cannot hire you. Phone or go in person to get face-to-face interview.

LEAVE FAMILY AND FRIENDS AT HOME WHEN YOU GO FOR THE INTERVIEW.

The employer is looking for an independent, capable person. One way to show that you are that kind of person is to handle the interview by yourself.

DRESS NEATLY.

First impressions do count!

DON'T FORGET TO MENTION THE PERSONAL QUALITIES

that will make you a good worker. Some of these qualities might include getting along well with people, learning quickly, being reliable, etc.

KEEP TRYING!

Get in the habit of arranging a time to call back to check on the status of your application or to see if there are any new openings. By doing this, your chances of getting hired are greater.

DON'T GET DISCOURAGED!

Your chances of getting a job increase with each interview you have.

THERE IS NO REASON TO TELL
AN EMPLOYER YOU ARE
RECEIVING ASSISTANCE
unless you wish to do so.

YOUR EMPLOYMENT SERVICES WORKER

is unable to offer any help you may need. Good luck!

WORKING YOUR WAY TO A BETTER LIFE PAMPHLET

FORM NUMBER - 032-01-921

PURPOSE OF FORM - This pamphlet provides FSET registrants with "Tips for Job-Seeking Success."

USE OF FORM - The pamphlet is used by FSET Workers/Case managers to give registrants helpful hints on how to successfully seek employment and to provide participants with a place to record basic educational and employment history.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original to registrant

INSTRUCTIONS FOR USE OF PAMPHLET:

Distribute to registrants as needed.

This pamphlet is designed for use in individual or group job search efforts.

5/00

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP EMPLOYMENT & TRAINING (FSET) PRE-ASSESSMENT FORM

Please complete this form and mail it back to us in the enclosed envelope:

YOUR FULL NAME: _____
ADDRESS: _____
PHONE: _____ LAST GRADE COMPLETED: _____ ARE YOU ABLE TO READ ENGLISH? ___ YES ___ NO
LIST ANY TRAINING, SKILLS OR SPECIAL SCHOOLING YOU HAVE: _____
DID YOU COMPLETE A COURSE? _____ DID YOU RECEIVE A CERTIFICATE? _____ WHEN? _____

ARE YOU WORKING NOW? ___ YES ___ NO IF NO, DO YOU EXPECT TO BE WORKING SOON? ___ YES ___ NO
PLEASE TELL US ABOUT YOUR CURRENT JOB OR LAST JOB:
EMPLOYER'S NAME: _____
YOUR JOB TITLE: _____ DATE BEGAN: _____ DATE LEFT: _____
YOUR DUTIES: _____
PAY PER HOUR: _____ HOURS PER WEEK: _____
WHAT OTHER TYPES OF JOBS HAVE YOU HELD IN THE PAST?
WHAT TYPE OF EMPLOYMENT ARE YOU INTERESTED IN?

IS THERE ANYTHING WE NEED TO KNOW IN HELPING YOU FIND EMPLOYMENT? (CHECK ALL THAT APPLY TO YOU)

___ LACK OF SKILLS OR TRAINING PROBLEMS ___ LACK OF CHILD CARE ___ NEED EYEGLASSES ___ MEDICAL
___ NO JOBS AVAILABLE PROBLEMS ___ LACK OF TRANSPORTATION ___ CANNOT READ ___ FAMILY
___ DID NOT FINISH HIGH SCHOOL ___ LANGUAGE PROBLEMS ___ OTHER _____

*PLEASE GIVE DETAILS FOR ANY ITEMS YOU HAVE CHECKED:

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOU OR YOUR SITUATION?

SIGNATURE: _____

DATE: _____

*** PLEASE RETURN THIS FORM IN THE ENCLOSED STAMPED ENVELOPE TODAY ***

Assigned to _____ Pending _____ Inactive _____ AGENCY USE ONLY
Active (specify) _____
Reason: _____
Begin Date: _____ End Date: _____ Worker #: _____ Date: _____

FSET PRE-ASSESSMENT FORM

FORM NUMBER - 032-02-014

PURPOSE OF FORM - This form may be used prior to conducting an initial assessment in order to screen participants for the FSET program. The form records basic information concerning the registrant's education level, skills and abilities, ability to read English, recent work experience, employment goal and barriers to employment.

USE OF FORM - The information on this form is used to assess the job readiness of the registrant and serves as a screening tool to help the FSET Worker decide whether participation in the program is feasible.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original must be maintained in the registrant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM: - This form may be mailed to the registrant, completed by him/her, signed and returned to the agency in the envelope provided by the agency. The form may also be completed by the Eligibility Worker in a face-to-face interview or by phone.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP EMPLOYMENT AND TRAINING
(FSET) PROGRAM

Registrant Name: _____

Telephone Number: _____

Address: _____

Case Number: _____ Date: _____

- ☐ Assessment
☐ Reassessment

☐ ABAWD

FSET ASSESSMENT FORM

A. EDUCATIONAL BACKGROUND

1. Last Grade Completed _____ Date _____
2. Other (test results, date given, type, etc.): _____

3. Other training/special schooling and dates: _____

B. EMPLOYMENT HISTORY* (Begin with the most recent job):

*(Note: This information will be used to identify jobs into which participants may be placed immediately)

1. Employer _____ Job Title _____
Duties _____
Date Started _____ Left _____ Highest Pay _____
Reason for leaving _____
2. Employer _____ Job Title _____
Duties _____
Date Started _____ Left _____ Highest Pay _____
Reason for leaving _____
3. Employer _____ Job Title _____
Duties _____
Date Started _____ Left _____ Highest Pay _____
Reason for leaving _____
4. Employer _____ Job Title _____
Duties _____
Date Started _____ Left _____ Highest Pay _____
Reason for leaving _____

Most favorite job? _____ Why? _____
Least favorite job? _____ Why? _____

C. VOLUNTEER WORK/HOBBIES/ABILITIES (Transferable Skills):

- D. 1. Do you have a current driver's license? _____
2. Do you have access to a car? _____ If not, what do you do for transportation?

3. Have you ever been convicted of a felony? _____ Explain _____

4. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job? _____ Explain _____
5. What type of child care could you arrange to help you accept a job? _____
6. Have you registered with the Virginia Employment Commission (VEC)? _____
If so, when was the last time you contacted the VEC? _____
7. Have you registered with WIA (Workforce Investment Act) or like programs?

8. Are you scheduled to begin an education or training program in the next sixty (60) days? _____
If so, where? _____

E. Which of the following are barriers to your finding and/or keeping a job? (Circle all that apply):

Family Circumstances
Legal/Criminal

Homeless
Child Care

Substance Abuse
Transportation

Other: _____

List ways that you can help to overcome each barrier circled: _____

F. CONSIDERATIONS IN EMPLOYMENT PLANNING: (check all that apply)

☐ No prior Work History/Intermittent Work History

☐ Homeless

☐ Lack of Credentials/Certifications

☐ Child Day Care

☐ Limited English Speaking/Reading Ability

☐ Migrant Worker

☐ Lack of Transportation

☐ Legal/Criminal

☐ Lack of HS Diploma/GED

☐ Substance Abuse

☐ Lack of Job Skills

☐ Disability _____

☐ Other _____

G. JOB INTERESTS/EMPLOYMENT GOAL: _____

H. GENERAL COMMENTS/SUMMARY: _____

FSET ASSESSMENT FORM

FORM NUMBER - 032-02-074

PURPOSE OF FORM - This form is initially completed at the time of the FSET assessment interview. The form records information concerning the FSET registrant's educational background, employment history, interests and abilities, and employment goals. This form will also be updated at reassessment interviews.

USE OF FORM - The information on this form is used to assess the job readiness of the FSET registrant and serves as a foundation for development of the FSET registrant's FSET Plan of Participation. This form will be used after the initial assessment process to record dated information of the FSET registrant's educational background, employment history, abilities, and employment goals. Information added after the initial assessment needs to be dated as to MM/DD/YY of entry. Should the information on this form change significantly during the course of the program participation or should there be no more room on the form for recording updated information, it is appropriate for a new form to be completed.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original will be maintained in the FSET registrant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Check the appropriate line to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews. If the registrant is an ABAWD check the appropriate line.

A. EDUCATIONAL BACKGROUND:

Information about the last grade completed is obtained from the FSET registrant during the assessment interview. The worker/case manager will use this part of the form to record functional education level testing. Record any training, special schooling or post-secondary education. Be sure to include dates attended and any certification(s) or degree(s) obtained. Information about test results may be recorded at the time of initial assessment, if known, or may be added at the time of reassessment.

B. EMPLOYMENT HISTORY:

This section provides a chronological listing of the FSET registrant's employment. Information about the FSET registrant's duties on the job, reasons for leaving, and job preferences are important for employability planning.

- C. VOLUNTEER WORK/HOBBIES/ABILITIES:
In this section include any information that could assist the on-going employability planning process. This information will be particularly useful in assessing FSET registrants with limited skills/employment histories.
- D. These questions are designed to help the FSET registrant think about some of the things, which may affect his/her employability as well as his/her ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the FSET registrant at the time of the interview.
- E. This section is designed to allow the FSET registrant to acknowledge things, which may impact his/her progress toward self-sufficiency. If problems are identified, the FSET registrant has an opportunity to decide for him/herself how these problems may be resolved.
- F. This section is designed to help the worker/case manager identify major considerations in planning with the registrant. This is a list of potential obstacles to the FSET registrant's achieving employment. In discussing employability planning with each FSET registrant, this list will enable the worker to identify these obstacles and to discuss how the FSET registrant and the worker/case manager will cooperatively endeavor to remove them.
- G. This section is designed to record any employment goal or area of job interest of the FSET registrant after careful evaluation of discussion about all of the information gathered during the interview.
- H. This section is designed for the worker/case manager to record any additional information not addressed on the form.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP EMPLOYMENT AND TRAINING
(FSET) PROGRAM

REGISTRANT NAME: _____
CASE #: _____
DATE: _____

FSET PLAN OF PARTICIPATION

**PLANNED COMPONENT
ASSIGNMENT**

YES NO

Currently employed full-time

Currently employed part-time

Planned
Begin Date

Planned
End Date

Planned
Weekly Hrs

Job Search

Job Search Training

Work Experience

Education

Training

CURRENT PROGRAM ACTIVITY ASSIGNMENT

Program Activity Assignment

Description/
Location

Planned
Begin Date

Planned
End Date

Planned
Weekly Hrs.

☐ **PENDING** Dates: _____

☐ **INACTIVE** Dates: _____

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem: _____

SUPPORTIVE SERVICES

☐ Day Care ☐ Transportation ☐ Other (please describe) ☐ None

Participant responsibilities for current component assignment(s): _____

Agency responsibilities: _____

PARTICIPANT OBLIGATIONS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call the worker/case manager whose name is listed at the bottom of this page if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my worker/case manager.

I understand that if I fail to participate without a good reason my Food Stamp case may be reduced or closed.

☐ **FOR PARTICIPANTS ASSIGNED TO COMPONENTS**

I will carry out the responsibilities as agreed.

☐ **FOR PARTICIPANTS ASSIGNED TO PENDING**

I understand that I am not actively participating at this time, but that I must answer all calls and letters from agency staff since I may be required to participate in the future.

☐ **FOR PARTICIPANTS ASSIGNED TO INACTIVE**

I understand that I will not actively participate at this time. I also understand that I must answer all calls and letters from agency staff since I may be required to participate in the future.

PARTICIPANT'S SIGNATURE _____ **DATE** _____

CASE MANAGER'S SIGNATURE _____ **PHONE** _____

FSET PLAN OF PARTICIPATION

FORM NUMBER - 032-02-075

PURPOSE OF FORM - This form outlines a strategy designed by the worker/case manager and the FSET registrant to achieve long and short-term goals in working toward employment as decided upon during the initial assessment and recorded on the FSET Assessment Form. It details specific activities to which the registrant will be assigned and identifies any service needs during the assignments to these activities.

USE OF FORM - This form is prepared initially at assessment and at the time of each reassessment. A copy of this form may serve as the Service Application if there is a need for supportive services.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in registrant's case record
1st copy to FSET registrant
2nd copy to Service Worker, if necessary

INSTRUCTIONS FOR PREPARATION OF FORM:

PLANNED COMPONENT ASSIGNMENT - This section is designed to list the components to which the FSET registrant will be assigned during the course of program participation. This information in its entirety needs to be completed at the initial assessment and at each assessment.

CURRENT PROGRAM ACTIVITY ASSIGNMENT - This space is provided for the worker/case manager to list the current component assignment(s) along with planned location dates and hours. Record the date as MM/DD/YY. Any placement to pending or inactive needs to be explained in the space provided.

SUPPORTIVE SERVICES - Identify any services needed by the FSET registrant to engage in the required program activities.

PARTICIPANT RESPONSIBILITIES - Outline the specific steps the FSET registrant is required to take in order to comply with program requirements. The worker/case manager will determine the amount of detail needed in this section on a case by case basis.

AGENCY RESPONSIBILITIES - Outline the responsibilities the agency will assume to assist the registrant in carrying out the activities identified.

PARTICIPANT OBLIGATIONS - By signing this section of the form, the FSET registrant notes participation in planning for the activities described and acceptance of responsibility as a FSET program registrant.

5/00

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

Registrant Name: _____
Case Number: _____

**FOOD STAMP EMPLOYMENT AND TRAINING
(FSET) PROGRAM**

FSET JOB SEARCH FORM

IMPORTANT! YOU HAVE BEEN ASSIGNED TO JOB SEARCH. USE THIS FORM TO RECORD THE CONTACTS YOU ARE REQUIRED TO MAKE WITH EMPLOYERS WHILE YOU ARE LOOKING FOR A JOB. IF YOU DO NOT COMPLETE THIS FORM AND RETURN IT TO YOUR CASEMANAGER, YOUR FOOD STAMP CASE MAY BE REDUCED OR CLOSED.

REMEMBER YOU MUST:

- Have a face-to-face interview and/or leave a job application and/or a resume' with at least _____ employers during the next _____ weeks.
- Accept suitable job offers.
- Notify your FSET Worker/Case Manager as soon as you get a job.
- Register with the Virginia Employment Commission. This is considered a contact.

Complete the Job Search Form(s) and:

- ☐ Return this form by _____ to _____.
- ☐ Keep the interview scheduled with your case manager and bring your completed forms on:
_____ at _____ at _____
Date Time Address

FSET Worker/Case Manager: _____ Phone _____

EMPLOYER CONTACT LIST:

REMEMBER! These contacts may be verified by your worker/case manager. You do not need to get the signature of the employers you contact. To count as a contact, you must have a face-to-face interview or leave an application and/or a resume.

YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
COMPANY: VIRGINIA EMPLOYMENT COMMISSION	<input type="checkbox"/> REGISTER
ADDRESS: _____	<input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ
_____	<input type="checkbox"/> INTERVIEW
TYPE OF JOB: _____	RESULT OF CONTACT:
PERSON CONTACTED: _____	_____
DATE OF CONTACT: _____	_____

YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <hr/> <p>TYPE OF JOB: _____</p> <p>PERSON CONTACTED: _____</p> <p>DATE OF CONTACT: _____</p>	<p><input type="checkbox"/> REGISTER</p> <p><input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ</p> <p><input type="checkbox"/> INTERVIEW</p> <p>RESULT OF CONTACT: _____</p> <p>_____</p> <p>_____</p>
YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <hr/> <p>TYPE OF JOB: _____</p> <p>PERSON CONTACTED: _____</p> <p>DATE OF CONTACT: _____</p>	<p><input type="checkbox"/> REGISTER</p> <p><input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ</p> <p><input type="checkbox"/> INTERVIEW</p> <p>RESULT OF CONTACT: _____</p> <p>_____</p> <p>_____</p>
YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <hr/> <p>TYPE OF JOB: _____</p> <p>PERSON CONTACTED: _____</p> <p>DATE OF CONTACT: _____</p>	<p><input type="checkbox"/> REGISTER</p> <p><input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ</p> <p><input type="checkbox"/> INTERVIEW</p> <p>RESULT OF CONTACT: _____</p> <p>_____</p> <p>_____</p>
YOUR CONTACTS	DID YOU: (CHECK ANY THAT APPLY)
<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <hr/> <p>TYPE OF JOB: _____</p> <p>PERSON CONTACTED: _____</p> <p>DATE OF CONTACT: _____</p>	<p><input type="checkbox"/> REGISTER</p> <p><input type="checkbox"/> SUBMIT AN APPLICATION/RESUMÉ</p> <p><input type="checkbox"/> INTERVIEW</p> <p>RESULT OF CONTACT: _____</p> <p>_____</p> <p>_____</p>

FSET JOB SEARCH FORM

FORM NUMBER - 032-02-077

PURPOSE OF FORM - This form provides written documentation of the FSET registrant's job search contacts.

USE OF FORM - FSET registrants must use this form to record employer contacts and the outcome of the contacts during assignment to a job search component.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original becomes a part of the case record when the FSET registrant completes job search and returns the form.

INSTRUCTIONS FOR PREPARING FORM:

The FSET worker/case manager must complete the first section of the form. Discuss the information with the FSET registrant.

The "Employer Contact List" must be completed by the FSET registrant. The first lines in this section are to record the mandatory registration/contact with the Virginia Employment Commission. At the end of the job search assignment or at a time designated by the FSET worker/case manager, the form is returned to the agency. The FSET worker/case manager must explain to the FSET registrant how the form is to be returned. Employers are not required to sign the form.

A statement on the form cautions the FSET registrant that the FSET worker/case manager may contact the employer to verify the contact.

The second page of the form will need to be photocopied to provide enough space on the Employer Contact List to accommodate the number of job search contacts assigned to each registrant.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

FOOD STAMP EMPLOYMENT AND TRAINING (FSET)

FSET WORK SITE AGREEMENT

The _____ Department of Social Services (hereafter referred to as the Agency) and _____ (hereafter referred to as the Work Site) enter into this agreement in good faith to provide work experience and/or training to participants of the Food Stamp Employment and Training (FSET) Program.

THE AGENCY AGREES AS FOLLOWS:

1. To refer appropriate registrants to the Work Site for consideration.
2. To provide a detailed explanation of FSET and the necessary paperwork for reporting requirements.
3. To provide necessary supportive services to enable the registrant to participate in FSET.

THE WORK SITE AGREES AS FOLLOWS:

1. To provide work experience and/or training for registrants chosen by the Work Site.
2. To not use registrants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
3. To not use registrants to perform political, electoral or partisan activities or in response to any strike, lockout or other bona fide labor dispute.
4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
5. To provide competent supervision to registrants.
6. To prepare evaluation and time sheets for each registrant and submit this information to the Agency by the fifth working day of each month during the designated training period.
7. To furnish necessary materials to allow participants to perform assigned tasks.

This agreement will be in effect from _____ to _____
(not to exceed one year)

Authorized Signature (Work Site)

Date

Agency Representative

Date

FSET WORK SITE AGREEMENT

FORM NUMBER - 032-02-081

PURPOSE OF FORM - This form provides required documentation of the terms of the agreement between the work site and the agency.

USE OF FORM - This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency. The work site retains copy

INSTRUCTIONS FOR PREPARATION OF FORM:

After discussion with the work site representative, this agreement must be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required.

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS**

WORK EXPERIENCE POSITION(S)

This form is used to record information about each Work Experience position at a specific work site.

NAME OF WORK SITE _____

ADDRESS _____
Street City Zip

If directions are needed, put on back of form.

CONTACT PERSON AND JOB TITLE _____

PHONE _____

POSITION TITLE _____ NUMBER OF POSITIONS _____

SPECIFIC DUTIES _____

SKILLS NEEDED _____

WORK SITE WILL ACCEPT PARTICIPANT(S) DURING THE FOLLOWING HOURS:

Monday _____ to _____ Thursday _____ to _____ Sunday _____ to _____

Tuesday _____ to _____ Friday _____ to _____

Wednesday _____ to _____ Saturday _____ to _____ Total # Hours/Wk _____

WORK SITE SUPERVISOR _____ PHONE _____

LEAD TIME NEEDED FOR ASSIGNMENT/CHANGES _____

ADDITIONAL COMMENTS _____

WORK SITE CONTACT _____
Signature DATE _____

LOCAL AGENCY CONTACT _____
Signature DATE _____

WORK EXPERIENCE POSITION FORM

FORM NUMBER - 032-02-080

PURPOSE OF FORM - This information provides a description of a single position available at an organization with which the agency has a work site agreement.

USE OF FORM - The form is prepared by the worker/case manager as a guide for matching the registrant's qualifications with the requirements of the position.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency.
The copy is sent to work site.

INSTRUCTIONS FOR PREPARATION OF FORM:

Identifying information at the top of the form will be as specific as possible and updated regularly when changes occur at the site.

Details for the position description will be as specific as possible and will also be updated regularly.

Each available position at the site will have a separate position description form.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

EMPLOYMENT SERVICES PROGRAMS

REFERRAL TO WORK EXPERIENCE SITE

Case # _____

Employment Goal: _____

PARTICIPANT _____ PHONE _____

ADDRESS _____

TO THE PARTICIPANT: Take this form with you when you report for your interview with:

Work Site Representative

on _____ a.m./p.m.
Day of Week Month Day of Month Time

at _____
Name of Work Site

Address _____

Specific Location _____

(Give building name, floor, room number, etc., as needed. If further directions are needed, put on back of form.)

If you are unable to keep this appointment, call your Food Stamps Employment and Trainer Worker/Case Manager whose name and phone number are at the bottom of this form. Call as soon as possible. DO NOT WAIT UNTIL AFTER THE TIME OF YOUR APPOINTMENT! If you do not have a good reason, your food stamp benefits may be reduced or cancelled. YOU MUST PRESENT THIS REFERRAL FORM AT THE INTERVIEW.

TO THE WORK SITE REPRESENTATIVE: The participant named above has been scheduled to interview with you for the Work Experience position of:

As agreed, this participant is available to work the following schedule:

Monday _____ to _____ Thursday _____ to _____ Sunday _____ to _____

Tuesday _____ to _____ Friday _____ to _____

Wednesday _____ to _____ Saturday _____ to _____ Total # Hours/Wk _____

This assignment will begin on _____
Date

TO THE PARTICIPANT AND WORK SITE REPRESENTATIVE:

If you have any question call _____
Food Stamps Employment and Training Worker/Case Manager

at _____
Phone

REFERRAL TO WORK EXPERIENCE SITE

FORM NUMBER - 032-02-082

PURPOSE OF FORM - This form provides the registrant and the work site with written information about the registrant's assignment to or interview at the work site.

USE OF FORM - The form is used to refer registrants to a work site to interview for a position for which there is a Work Experience Position(s) Form on file. In addition, it may be used to refer a registrant to a specific assignment at a site.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in registrant's case record
1st Copy is sent to the work site
2nd Copy is given to the registrant

INSTRUCTIONS FOR PREPARATION OF FORM

This form serves to refer a registrant for an interview or an assignment to a work experience position for which there is a position description on file.

The form contains information that the registrant will use to locate the site, to call the worker/case manager if a problem arises, and to understand the nature of the position for which they are being interviewed or to which they are being assigned.

The form also contains information, which will help the work site representative interview, the registrant, to understand for which position the registrant is applying/reporting, and to know whom the local agency contact person is for this particular registrant.

All sections of the form need to be completed in some detail for all parties to understand the referral.

5/00

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**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS**

This form should be completed each month by the Work Site Supervisor and mailed by the 5th calendar day of the following month to the local social service agency. It enables Employment Services Program staff to monitor the participant's attendance and performance.

WORK EXPERIENCE ATTENDANCE AND PERFORMANCE RECORD

Participant Name

Social Security Number

Local Social Service Agency

Work Site Agency

MONTH: _____

Date and Hours Worked

Date	Hours	Date	Hours
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

Performance Evaluation

	Very Good	Good	Average	Poor
Knowledge of Assignment				
Punctuality				
Attitude				
Safety Habits				
Quality of Work				
Cooperation				
Initiative				
Grooming				
Works Well With Others				
Accepts Supervision				
OVERALL PERFORMANCE				

Participant has _____ days of unexcused absences.

Will the Participant be given a favorable job reference if requested? ☐ Yes ☐ No

If Participant is being dismissed, please give reason(s) on reverse of this form.

Total hours worked this month _____

Total hours participant was assigned to work this month _____

Work Site Supervisor _____
Signature

Date _____

5/00

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WORK EXPERIENCE ATTENDANCE AND PERFORMANCE RECORD

FORM NUMBER - 032-02-083

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a registrant's progress in a work experience placement.

USE OF FORM - This form is used by the work site supervisor to record the attendance and evaluate the performance of the registrant in the work experience position. The form is also used by the worker/case manager to evaluate satisfactory participation (attendance) and any need for intervention to enhance the registrant's progress.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The agency is responsible for informing the work site supervisor of the responsibility to prepare the form monthly.

The agency is responsible for informing the work site supervisor of the number of hours the registrant will be assigned each month.

Both the "Date and Hours Worked" and the "Performance Evaluation" sections need to be completed in their entirety to enable the worker/case manager to provide supportive services (i.e. counseling, day care, etc.) and to monitor attendance.

The work site supervisor is responsible for completing, signing, dating, and mailing the form to the agency by the fifth calendar day after the close of the report month.

TRANSMITTAL #48

5/00

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
**FOOD STAMP EMPLOYMENT AND TRAINING
(FSET) PROGRAM**TIME AND ATTENDANCE RECORD
Education and Training

This form should be completed each month by the Instructor and returned to the local social services agency by the 5th calendar day of the following month. It enables FSET Program staff to monitor the participant's time and attendance.

Participant Name_____
Social Security Number_____
Training Agency_____
Instructor's Name_____
Training Agency Phone #_____
Local Social Services Agency**Date and hours Worked**

Date	Hours	Date	Hours
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

Instructor's Signature _____ Date _____

5/00

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TIME AND ATTENDANCE RECORD

FORM NUMBER - 032-02-083A

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a registrant's time and attendance in an educational or training activity.

USE OF FORM - This form is used by the instructor to record the time and attendance of the registrant in an education or training activity. The form is also used by the worker/case manager to evaluate satisfactory attendance and to note any need for intervention to enhance the registrant's progress.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The agency will be responsible for informing the instructor of their responsibility to prepare the form monthly.

The agency will be responsible for informing the instructor of the number of hours the registrant will be assigned each month.

The "Date and Hours Worked" section needs to be completed in its entirety to enable the worker/case manager to monitor attendance.

The instructor will be responsible for completing, signing, dating and returning the form to the agency by the fifth calendar day after the close of the report month.

Commonwealth of Virginia
Department of Social Services

FIPS _____ Agency: _____
Contact: _____
Phone Number: _____
E-mail: _____
Report Month: _____

**FOOD STAMP EMPLOYMENT
AND TRAINING (FSET)**

FSET STATISTICAL REPORT

A	Referrals	ABAWD	Non-ABAWD	Vol.
1.	New Registrants			
2.	Re-registrants			
3.	TOTAL			

B	Assessments	ABAWD	Non-ABAWD	Vol.
1.	Initial Assessments			
2.	Reassessments			
3.	Referred, not assessed			
	TOTAL			

C	Pending Status	ABAWD	Non-ABAWD	Vol.
1.	Day Care Barrier			
2.	Transportation Barrier			
3.	Medical Barrier			
4.	Other			
	TOTAL			

D	Inactive Status	ABAWD	Non-ABAWD	Vol.
1.	Day Care Barrier			
2.	Transportation Barrier			
3.	Medical Barrier			
4.	Other			
	TOTAL			

E	Component Assignments	ABAWD	Non-ABAWD	Vol	Tot
1.	Job Search				
2.	Job Search Training				
3.	Work Experience				
4.	Education				
5.	Training				
	TOTAL				

F	Non-compliance	ABAWD	Non-ABAWD
1.	Good cause for Failure to Participate		
2.	Referrals to EW to Sanction		

G	Entered Employment From Component:	Full Time	Part Time
1.	Job Search		
2.	Job Search Training		
3.	Work Experience		
4.	Education		
5.	Training		
	TOTAL		

H	Benefit Reductions	# of cases	Savings
1.	Closed due to Employment		
2.	Reduced due to Employment		
3.	Closed due to Sanction		
4.	Reduced due to Sanction		
	TOTAL		

Monthly On-Board Count

Active	Inactive	RNA	Total

7/03

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FSET STATISTICAL REPORT

FORM NUMBER - 032-02-086

PURPOSE OF FORM - This form provides a monthly summary of program activities for those agencies operating a Food Stamp Employment and Training Program (FSET).

USE OF FORM - The form provides statistical data for required reports prepared for the USDA Food and Nutrition Service, State Board of Social Services, and General Assembly. It is a monitoring tool for the Central Office.

NUMBER OF COPIES - Original and one copy

DISPOSITION OF COPIES - The agency must forward the original of this report to Division of Finance, 730 East Broad Street, Richmond, Virginia 23219 to arrive no later than the tenth calendar day after the close of the report month. The agency must retain the second copy.

INSTRUCTIONS FOR PREPARATION OF FORM:

Enter the appropriate identifying information in the upper right hand side of the form. Enter the name, telephone number and E-mail address of the person to contact for questions regarding this report.

- A. Enter the number of referred registrants for the month and total them. "Vol." stands for volunteer.
- B. Enter the number of initial assessments and reassessments for the month. Enter the number of referrals received in the month that were not assessed by the end of the month for the "Referred, not assessed" entry. Total the amounts.
- C. Enter the number of pending registrants who have a particular barrier for each category and total them. Medical barrier includes pregnancy.
- D. Enter the number of inactive registrants who have a particular barrier for each category and total them. Medical barrier includes pregnancy.
- E. Enter the number of registrants assigned to a component **during the report month** and total them. **The agency may assign a registrant to more than one component during a month.**

- F. 1. Enter the number of registrants who claimed good cause for failure to participate after receiving the FSET Notice of Sanction for the month.
2. Enter the number of registrants referred to the eligibility worker for a sanction.
- G. Enter the number of registrants who entered full time or part time employment during their assignment to a component.
- H. Enter the number of cases that were closed or reduced due to employment and sanctioning. Include the amount of savings to the closed case or the amount of the reduction to their Food Stamp case.

Monthly On-Board Count - This is a count of registrants carried over from the previous month and is taken on the first day of the report month. The on-board count is an unduplicated count. Registrants must not be included in both this item and in item A.

Active - This is a count of all registrants in an active status on the first day of the report month.

Inactive - This is a count of all registrants in an inactive status on the first day of the report month.

Referred but not assessed (RNA) - This is a count of referrals received and counted in a previous month, but not assessed yet. This count is also taken on the first day of the report month.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Temporary Assistance for Needy Families (TANF)
Food Stamp Employment and Training Program (FSET)
CONTACT SHEET

Case Name: _____

Case I.D.# _____

WORKER NAME OR NUMBER	DATE (M,D, Y)	CIRCLE ONE	PERSON(S) CONTACTED	CIRCLE ONE	RECORD BRIEF INFORMATION ABOUT EACH CONTACT.* PLEASE PRINT.
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	

*This form may replace the case narrative if it is used to record all case information.
032-02-078/5 (7/00)

		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	
		Phone		Assessment	
		Office		Review/ Reassessment	
		Field		Other	

*This form may replace the case narrative if it is used to record all case information.

CONTACT SHEET

FORM NUMBER - 032-02-078

PURPOSE AND USE OF FORM - This form provides a record of each case action and each client and collateral contact.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original is maintained in the registrant's case record

INSTRUCTIONS FOR COMPLETION OF FORM:

This form includes all contacts of any kind with an FSET registrant and any case action taken. These include, but are not limited to interviews with the registrant, other contacts (letters, notices, phone calls) with registrant regarding FSET assignments, and other case information such as the date a registrant begins or leaves an assigned activity.

This form may replace the case narrative. If the form is used to replace the case narrative, it must include all pertinent case information.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP EMPLOYMENT AND TRAINING
(FSET) PROGRAM

To:

_____ Agency _____
Date _____
Case Number _____

FSET NOTICE OF SANCTION

You are out of compliance with Food Stamp Regulations.

You did not participate as required in the Food Stamp Employment and Training Program (FSET). Because of this, your Food Stamps may be reduced or closed for up to six (6) months or until you comply, whichever is longer. This is called a sanction.

YOU ARE BEING SANCTIONED BECAUSE:

- ☐ You did not keep your scheduled appointment on _____.
- ☐ You did not complete your assignment to _____.
- ☐ Other _____.

In order to avoid this sanction, you must contact your FSET Worker/Case Manager by _____ to give good reason why you did not complete the activity checked above.

If we do not hear from you on or before _____, your Food Stamps will be reduced or closed.

FSET Worker/Case
Manager: _____

Telephone
Number: _____

FSET NOTICE OF SANCTION

FORM NUMBER - 032-02-089

PURPOSE OF FORM - This form informs households of reductions or terminations in their food stamp allotments due to sanctions for refusal or failure to comply with FSET program requirements. The form also establishes the 5 working day good cause time frame and establishes the reason for being out of compliance.

USE OF FORM - The form must be sent to each registrant after the registrant fails or refuses to comply with FSET program requirements. The form must be sent prior to the registrant's referral to the eligibility unit for non-compliance.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original is sent to the registrant
Copy is maintained in registrant's case record

INSTRUCTIONS FOR PREPARATION OF FORM:

1. In the upper left, fill in the registrant's name and address.
2. In the upper right, fill in the agency name, the date the form is sent and the registrant's case number.
3. Check the appropriate block indicating the reason form sanction.
4. Enter the last day of the 5-working-day good cause time period in the two remaining blanks.

Example

The FSET Worker sent an FSET Notice of Sanction to a registrant who was out of compliance on March 3rd, a Thursday. The date by which the registrant would need to contact the worker could be no later than March 10th.

5. Include the FSET worker/case manager's name and phone number.
6. Keep all responses in the case record preferably attached to the notice.

7/04

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MEDICAL EVALUATION

It is our goal to assist the individual named below in preparing for the transition from welfare to work. This person states that he/she is unable to work. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine occupations that this individual may be able to perform, even if there are some limitations.

Commonwealth of Virginia
Department of Social Services
Temporary Assistance for Needy Families (TANF)
Virginia Initiative for Employment not Welfare (VIEW)
Food Stamp Employment and Training Program (FSET)

Agency Name _____
Address _____
Agency Contact _____
Phone # _____
Case Number _____
Case _____

Patient's Name: _____ Address: _____

Birth Date: ____/____/____ SS#: ____ -- ____ -- ____ Phone#: _____

WORK-RELATED LIMITATIONS:

1. Date of examination on which this medical evaluation is based: ____/____/____
2. In terms of working for pay / competitive employment and the patient's current health issue(s), check that which is **MOST** applicable at this time.

☐ Patient is currently able to work

↓
Patient can currently work without limitations or modifications. Skip the remaining questions and sign at the bottom of page 2.

☐ Able to work with limitations and/or modifications

↓
Patient is able to work in a limited capacity and/or with modifications. Please complete the remaining questions.

↓
Anticipated duration of limitation or modification (Check one)

- ☐ Less than 60 days
☐ 60 – 90 days
☐ Greater than 90 days. Specify duration: _____

☐ Unable to work

↓
Patient is unable to work in any capacity at this time. Please complete the remaining questions.

↓
Anticipated duration of incapacity. (Check one)

- ☐ Less than 60 days
☐ 60 – 90 days
☐ Greater than 90 days. Specify duration: _____

3. Please indicate the primary medical reason for the patient's inability to work or need to work with modifications and/or limitations in the space entitled "primary diagnosis" provided below.

Primary Diagnosis: _____

If other medical issues contribute to the patient's inability to work or need to work with modifications and/or limitations, please record those in the space entitled "secondary diagnoses" provided below.

Secondary Diagnosis: _____

(OVER)

WORK-RELATED LIMITATIONS (CONT'D):

4. Check all areas that the patient currently has limitations in that result in his/her inability to work or result in his/her ability to work in a limited capacity or with modifications. Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Lifting objects greater than: _____ POUNDS (insert #) | <input type="checkbox"/> Sitting for greater than 1 hour at a time |
| <input type="checkbox"/> Bending over / stooping down / reaching for objects | <input type="checkbox"/> Standing for greater than 1 hour at a time |
| <input type="checkbox"/> Manual dexterity activities (typing, handling small objects) | <input type="checkbox"/> Walking distances greater than 50 feet |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Climbing four to six steps |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Driving an automobile |
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Interpersonal relationships with co-workers |

Other work limitations not listed above: _____

5. If the patient is unable to work at this time (see question #2 on previous page), can he/she participate in any of the following at this point in time? Check all activities that the patient can presently participate in. For each that he/she can participate in, please indicate the number of days per week and hours per day that you think would be appropriate given his/her limitations.

ACTIVITY	Check here if patient can participate	Days per week	Hours per day
a. Classroom based activities leading to a GED or other certification	<input type="checkbox"/>		
b. Educational activities that address job etiquette, social skills, positive job behaviors, etc.	<input type="checkbox"/>		
c. Skills training in an occupation within his/her health-related limitations	<input type="checkbox"/>		
d. Resume writing and practice in completing job applications	<input type="checkbox"/>		
e. Participating in mock job interviews	<input type="checkbox"/>		
f. Job Searching (contacting employers; getting on a bus)	<input type="checkbox"/>		
g.	<input type="checkbox"/>		

WORK-RELATED ADVISING:

- | | | |
|--|------------------------------|-----------------------------|
| 6. Have you advised the patient to reduce his/her work hours for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you advised the patient to take a leave of absence for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you advised the patient to quit his/her job for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you advised the patient to apply for disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMPLIANCE:

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| 10. If physical therapy, counseling, or other treatments were prescribed, is the patient complying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 11. Does the patient's condition hinder his/her ability to care for his/her children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 12. If medication was prescribed, is the patient complying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 13. If the patient reviewed this form, would it jeopardize his/her physical or emotional health or well being? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 14. Does the patient require additional evaluation and/or assessment to determine their current and/or future work capacity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

☐ Yes

(Check all that apply)

- ☐ Psychiatrist, psychologist or other mental health provider
- ☐ Rehabilitation professional – physical therapist, occupational therapist, speech-language pathologist, etc.
- ☐ Educational specialist
- ☐ Medical specialist – orthopedist, neurologist, etc.
- ☐ Other: _____

Signature of physician _____

Physician's address _____

____/____/____
Date form was completed

(____) - ____ - ____
Physician's telephone number

MEDICAL EVALUATION

FORM Number - 032-03-654

PURPOSE OF FORM - To provide medical information about the mental or physical condition of a household member.

USE OF FORM - May be used by the local social services agency to secure medical information when a written statement is necessary to determine the ability to work.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - Submitted to the examining or treating physician and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PERPARATION OF FORM - The worker must complete the information at the top of the form and submit it to the examining or treating physician. The worker may fill in element 5, item g with an activity not listed, if appropriate. The examining or treating physician must complete information requested in Items 1 through 14 and sign the form.

10/03

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS
COMMUNICATION FORM

REGISTRANT _____
CASE NAME _____
CASE NUMBER _____

☐ FSET ☐ GR ☐ TANF ☐ TANF-UP

TO _____, EW
FROM _____, ESW

Date _____
Reply Needed By _____

☐ Reevaluation of non-exempt/mandatory status is requested
because _____

☐ Individual has failed to comply with program requirements.
Reason _____

☐ Volunteer no longer wishes to participate.

☐ Good cause does not exist.

☐ Individual will enter/entered employment on ____/____/____
#Hours/week _____ Rate of pay \$ _____ Per _____
Employer _____

☐ Notify ESW if aware of good cause reason.

☐ Comparability exists.

☐ Please send verification of employment.

☐ Sanction for (check appropriate answer):
____ until notified of compliance ____ 3 months and compliance
____ 1 month and compliance ____ 6 months and compliance

☐ Individual will enter education or training activity
on ____/____/____
Location _____

☐ Please provide the dollar amount of reduction due to
employment or sanction.

☐ Individual will be a participant in work experience. Please
provide the FS or GR dollar amount for the month of

☐ Please notify when sanctioned individual has been added
back to FS unit.

☐ Other _____

TO _____, ESW
FROM _____, EW

Date _____
Reply Needed By _____

☐ Result of reevaluation of non-exempt/mandatory status

☐ Effective with payment on ____/____/____, benefits
will be reduced
from \$ _____ to \$ _____

☐ Non-exempt/mandatory individual now exempt.
Reason _____

☐ Individual appealed sanction. Pre-hearing conference
scheduled for ____/____/____ at _____ (time).

☐ Volunteer no longer wishes to participate.

☐ Sanction ended effective ____/____/____
Mandatory registrant has been added back to FS unit.

☐ Individual will enter/entered employment on ____/____/____
#Hours/week _____ Rate of pay \$ _____ Per _____
Employer _____

☐ Amount of FS allotment/GR payment for
month of _____ was \$ _____

☐ Individual/household no longer eligible for FS or GR.
Case closed due to: (check one)

☐ Sanction-ANPA sent
☐ Employment-Benefit reduction/savings information
provided below

☐ Individual may be unable to participate in ESP/FSET
program because _____

☐ Other _____
Effective Date _____

☐ New certification period:
from _____ to _____

☐ Individual deleted from FS household due to: (check one)

☐ Sanction, ANPA sent

☐ Individual can: ☐ Read English ☐ Write English

☐ Other _____
Effective Date _____

☐ Other _____

10/02

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EMPLOYMENT SERVICES PROGRAMS COMMUNICATIONS FORM

FORM NUMBER - 032-02-072

PURPOSE OF FORM - To exchange information about ESP clients between the eligibility worker and the Employment Services worker.

USE OF FORM - To be originated by either the eligibility worker or the Employment Services worker at the time circumstances change, for the registrant, that require the exchange of information.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - This form is prepared in triplicate. Distribution of the top two copies is indicated on the form. The third copy remains attached to the copy being forwarded, in the event the receiving party uses the same form for reply.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the registrant, the case name, case number and program are to be entered in the upper right hand corner by the worker who originates the form.

The top half of the form is completed when messages must be communicated to eligibility staff from employment services staff. The employment services worker will check whichever block communicates the desired information or requests the desired information.

The bottom half of the form is completed when the eligibility staff is either returning the form to employment services with the requested information completed, or when the eligibility staff is communicating information to employment services. The eligibility worker will check whichever blocks are applicable to the situation.